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24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

/X/ Provided: /_/ No limitations /X/ With limitations*

/_/ Not provided.

b. Services of Christian Science nurses.

/_/ Provided: /_/ No limitations /_/ With limitations*

/X/ Not provided.

c. Care and services provided in Christian Science sanitoria.

/_/ Provided: /_/ No limitations /_/ With limitations*

/X/ Not provided.

d. Nursing facility services for patients under 21 years of age.

/X/ Provided: /_/ No limitations /X/ With limitations*

/_/ Not provided.

e. Emergency hospital services.

/_/ Provided: /_/ No limitations /_/ With limitations*

/X/ Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

/X/ Provided: /_/ No limitations /X/ With limitations*

/_/ Not provided.

g. Birthing Center Services.

/X/ Provided: /_/ No limitations /X/ With limitations*

/_/ Not provided.

STATE Oklahoma
DATE REC'D 12-30-93
DATE APPV'D 2-3-94
DATE EFF 10-4-93
HCFA 179 93-20

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*Description provided on attachment

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1. Inpatient hospital services other than those provided in an institution for mental diseases.

Payment is made for compensable inpatient medical and surgical services to those hospitals which have a contract with this Department. General acute care inpatient hospital services are limited to 12 days per individual per State fiscal year.

See 4.b., EPSDT

Medical necessity for hospital services is subject to review by the contracted peer review organization and determination that a period of hospitalization is not medically necessary will result in a non-compensable service.

STATE Oklahoma
DATE REC'D August 18, 1993
DATE APP'D July 23, 1998
DATE EFF July 1, 1993
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2.a. **Outpatient hospital services:**

Emergency Room Services - Covered emergency room services are limited to emergency medical conditions. Emergency medical condition means a medical condition including injury manifesting itself by acute symptoms or sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected, by a reasonable and prudent layperson, to result in placing the patient's health in serious jeopardy, serious impairment to bodily function, or serious dysfunction of any bodily organ or part. Payment is limited to $28.00 for the emergency room. When it is necessary that diagnostic x-ray studies and laboratory studies be made, payment is made at the current allowable under the appropriate CPT code. An assessment fee is paid for emergency room services which do not meet the criteria for emergency medical condition.

Dialysis

Therapeutic radiology or chemotherapy for proven malignancy. Therapeutic radiology or chemotherapy for the treatment of opportunistic infections. Payment is based on reasonable charge.

Outpatient hospital services, not specifically addressed, are covered when prior authorized.

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DATE 12-30-99
DATE 3-14-00
DATE EFF 12-1-99
HCFA ID 99-23
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Revised 12-01-99

TN# 99-23 Approval Date 3-14-00 Effective Date 12-1-99
Supersedes
TN# 97-12

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED CATEGORICALLY NEEDY

2.a. Outpatient surgical services - Facility payments for selected surgical procedures on an outpatient basis will be made to hospitals which have a contract with the Department.

Outpatient Behavioral Health Services - Outpatient behavioral health services are covered for adults and children when provided in accordance with a documented individualized treatment plan; developed to treat the identified mental health and/or substance abuse disorder(s). All services are to be for the goal of improvement of functioning, independence, or well being of the client. The client must be able to actively participate in the treatment. The assessment must include a DSM IV multi axial diagnosis completed for all five axis. All services will be subject to medical necessity criteria. For Department of Mental Health and Substance Abuse Services (DMHSAS) contracted and private facilities, an agent designated by the Oklahoma Health Care Authority (OHCA) will apply the medical necessity criteria. For Public facilities (Regionally based Community Mental Health Centers [CMHCS]), the medical necessity criteria will be self-administered, subject to review by the OHCA. Non-authorized services will not be Medicaid compensable with the exception of six units of individual counseling, two units of family counseling, and one unit of treatment plan development per Medicaid recipient per calendar year, one unit of medical review per month, crisis intervention and community based structured emergency care. Payment is made for Rehabilitative Treatment services for children. Children receiving Residential Behavioral Management Services in a Foster or Group Home are eligible for Outpatient Behavioral Health Services only if prior authorized by the OHCA or its designated agent. Outpatient Behavioral Health Services are as follows:

Treatment Plan Development - This service includes the evaluation of assessment and diagnostic information in order to develop a written individualized treatment plan. The treatment plan must contain the following written elements: patients strengths/assets, problems, goals, weakness/liabilities, and objectives that are specific and time limited, discharge plan, criteria and date. Each treatment service to be received must be listed. If individual counseling is to be received the theoretical approach to be used should also be included. The frequency of each service and responsible Mental Health Professional (MHP), Behavioral Health Rehabilitation Specialist (BHRS), physician or nurse must be delineated. A full five-axis DSM-IV diagnosis must be documented. Deferred diagnosis for Axis I are not acceptable. Axis II and III must be completed. A completed Client Assessment Record (CAR) is also required. Treatment plan must be signed and dated by the patient (over 14), the parent/guardian (under 18), and must include a statement by the client regarding their involvement, understanding and comments on the plan. For school aged children collaboration between the provider and the school system regarding the treatment must be included. Dated signatures of the MHP and physician are required. Medicaid recipients in an ICF/MR, Nursing Facility or receiving Residential Behavioral Management Services in a group home are not eligible for this service.

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Treatment Plan Review - Treatment plan review is a comprehensive review and evaluation of the current efficacy of the treatment. This includes a review of the treatment plan with the patient and the modification of the plan as required. It includes the CAR (Client Assessment Record) evaluation and other documentation required for prior authorization extension requests. This review must include the participation of the MHP, the physician providing pharmacological management, and other staff relevant to the treatment, as well as the client. It is designed to assure that medications and all forms of treatment are provided in the least intrusive manner possible, to encourage normalization and prevent institutionalization. All compensable treatment plan reviews must include an update to the individual treatment plan. Client involvement must be clearly documented, if the client is 14 years of age or older. If the client is under 18 years of age, the parent or guardian must also be involved and sign the treatment plan.

Individual Counseling - A method of treating mental health and alcohol and other drug (AOD) disorders using face-to-face, one-on-one interaction between a Mental Health Professional and a patient to promote emotional or psychological change to alleviate disorders. MHP's performing this service must use an approach to treatment such as cognitive behavioral treatment narrative therapy, solution focused brief therapy or another widely accepted theoretical framework for treatment. Ongoing assessment of the client's status and response to treatment as well as psycho-educational intervention are appropriate components of individual counseling. Individual counseling must be provided in an appropriate, private confidential setting including the patient residence or the provider's office. The counseling must be goal directed utilizing techniques appropriate to the treatment plan and the patient's developmental and cognitive abilities.

Group Counseling - A method of treating mental health and AOD disorders using the interaction between a MHP and two or more patients to promote positive emotional or behavioral change. The focus of the group must be directly related to goals and objectives of the individual patient's medical treatment plan. The individual client's behavior, the size of the group and the focus of the group must be included in each patient's medical record. This service does not include social skills development or daily living skill activities and must take place in an appropriate, confidential setting, limited to the therapist and group members. Group counseling for adults is limited to eight total patients except for residents of nursing and ICF/MR facilities where the limit is six total patients. Group size is limited to a total of six patients for all children. A group may not consist solely of related individuals.

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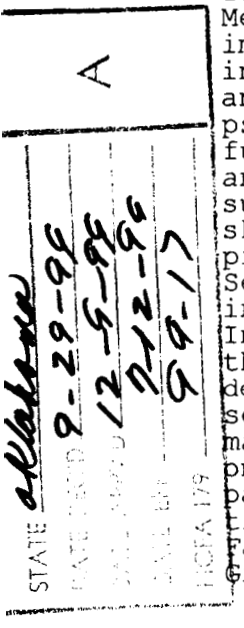
Family Counseling - Face-to-face interaction between a MHP and family to facilitate emotional, psychological or behavioral changes and promote successful communication and understanding. Family counseling must be provided for the benefit of a Medicaid eligible individual as a specifically identified component of an individual treatment plan. Family Counseling must be provided in a confidential setting.

Psychological Testing - A psychologist, certified psychometrist, or psychological technician of a psychologist, utilizing tests selected from currently accepted psychological test batteries performs psychological testing. Test results must be reflected in the individual treatment plan. The medical record must clearly document the need for the testing and what the testing is expected to achieve.

Medical Review - Documented review and evaluation by a licensed registered nurse or physician assistant focusing on the patient's response to medication and compliance with the medication regimen. The client must be present at the time of the medical review. The review will include an assessment of medication compliance and medication side effects. Vitals signs must be taken including pulse, blood pressure and respiration. A physician is not required to be present, but must be available for consult. Medical review is designed to maintain the patient on the appropriate level of the least intrusive medications, encourage normalization and prevent hospitalization. Medical review may not be billed for Medicaid recipients who reside in nursing homes or ICF/MR's.

Individual Rehabilitative Treatment Services - This service is a face-to-face service which is provided by a BHRS or MHP, to assist Medicaid recipients who are experiencing significant functional impairment due to mental illness and/or AOD disorders in order to increase the skills necessary to perform activities of daily living, and function in the community. Services will be for the reduction of psychiatric and behavioral impairment and the restoration of functioning consistent with the requirements of independent living and enhanced self-sufficiency. This service includes educational and supportive services regarding independent living, self care, social skills development/re-development, lifestyle changes and recovery principles and practices. Each individual Rehabilitative Treatment Service provided must have an objective and purpose relevant to the individualized treatment plan and the patient diagnosis. Compensable Individual Rehabilitative Services are provided to patients who have the ability to benefit from the services as evidenced by the patient's developmental and cognitive abilities and communication skills. This service may be provided one on one between the client and BHRS, or may be provided with parent/guardian present or occasionally with only the parent /guardian for the purpose of treating the identified patient's disorder. Other family may be present if pertinent to the treatment goals and objectives. Residents of Nursing and ICF/MR Facilities and Children receiving Residential Behavioral Management Group in a Foster or Home setting are not eligible for this service.



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Group Rehabilitative Treatment Services (Adult) - These services for adults are behavioral health remedial services, which are provided by a BHRS or MHP, are necessary to improve the patient's ability to function in the community. They are performed to assist patients with mental health illnesses and AOD disorders. Examples of services, which may be covered under the definition of rehabilitation, are: independent living, self-care, social skills (re)development, lifestyle change and recovery principles and practices. Services will be provided in the least restrictive setting appropriate for the reduction of psychiatric and behavioral impairment and the restoration of functioning consistent with the requirements of independent living and enhanced self-sufficiency. Each services must have purpose that is related directly to the individual treatment plan and diagnosis of each participant. Compensable Rehabilitative treatment services are provided to patient's who have the ability to benefit from the service. Travel time to and from activities is not covered. The maximum staffing ratio is fourteen clients to one staff. Countable staff must be appropriately trained in an anger management/intervention technique such as MANDT or CAPE to be directly involved in patient care. ICF/MR facilities are not eligible for the service. Services are provided utilizing a treatment curriculum approved by a MHP.

Group Rehabilitative Treatment Services (Child) - These services are behavioral health remedial services as specified in the individual treatment plan which are necessary for the treatment of mental health and AOD disorders. They may be provided alone or in conjunction with other behavioral health services. These services are provided by a BHRS or MHP. Examples of educational and supportive services which may be covered under the definition of rehabilitative treatment services are basic living skills and social skills (re)development, interdependent living, self-care, lifestyle change and recovery principles. Services will be provided in the least restrictive setting appropriate for the reduction of psychiatric impairment and the restoration of functioning consistent with the requirements of age appropriate behavioral functioning and self-sufficiency. Meeting with family members, legal guardian and/or significant other is covered when the services are directed exclusively to the effective treatment of the recipient. Each service provided under Rehabilitative Treatment Services must have a goal and purpose, which relates directly to the individual treatment plan of each participant. Compensable Rehabilitative Treatment Services are provided to clients who have the ability to benefit from the service. The child must be able to actively participate and must possess the cognitive, developmental and communication skills necessary to benefit from the service. Travel time is not covered. Staff to patient ratio shall not exceed eight children to one staff member. Countable staff must be appropriately trained, including trained and certified in a recognized anger management intervention technique, such as MANDT or CAPE to be directly involved in patient care. Patients residing in a nursing facility or an ICF/MR facility or children receiving Residential Behavioral Management services in a foster or group home will not be eligible for this service.

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12-9-99
7-12-99
99-17
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Crisis Intervention Services - Face-to-face services, provided by a MHP, of an emergency nature to evaluate and resolve acute behavioral or emotional dysfunction as evidenced by psychotic, suicidal and/or homicidal behaviors. The crisis situation and significant functional impairment must be clearly documented. Crisis Intervention will not be reimbursed for recipients who, while receiving other behavioral health services, experience acute behavioral or emotional dysfunction.

Community Based Structured Emergency Care - Emergency psychiatric and substance abuse services to resolve crisis situations. The services provided are emergency stabilization, which includes a protected environment, chemotherapy, detoxification, individual and group treatment and medical assessment. This service is available for individuals 18 years of age and older.

Community Based Structured Emergency Care providers will be under the supervision or a physician aided by a licensed nurse, and will also include mental health professionals for the provision of group and individual treatment. A physician must be available for the 3 hour period. This service is limited to providers who contract with or are operated by the Department of Mental Health and Substance Abuse Services to provide this service within the overall behavioral health service delivery system.

Eligible Providers

Community based outpatient behavioral health organizations, that have a current accreditation status as a provider of behavioral health services, from the Commission on the Accreditation of Rehabilitative Facilities (CARF) or the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). Providers accredited by CARF/JCAHO must be able to demonstrate that the scope of the current accreditation includes all programs, services and sites where Medicaid compensated services are rendered. Community based social or family services organizations are allowed to substitute Council on Accreditation (COA) Mental Health and/or Substance abuse program accreditation appropriate to the services provided in lieu of CARF or JCAHO accreditation.

Psychiatric hospitals must be appropriately licensed and certified by the State Survey Agency as meeting Medicare psychiatric hospital standards including JCAHO accreditation. Psychiatric Hospitals must be able to demonstrate the scope of the current accreditation includes all programs and sites where Medicaid Outpatient Behavioral services will be performed.

Acute care hospitals must be appropriately licensed and certified by the State Survey Agency as meeting Medicare standards, including JCAHO or American Osteopathic Association (AOA) certification. Acute Care Hospitals must be able to demonstrate the scope of the current accreditation includes all programs and sites where Medicaid Outpatient Behavioral Health Services will be performed.

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Programs reviewed by the DMHSAS, as an agent of the OHCA, and found to be in compliance with the applicable approved OHCA standards for the purpose of providing Medicaid out-patient behavioral health services. Only organizations that have submitted a complete OHCA Out-patient Behavioral Health Provider application to DMHSAS before July 1, 1999, will be eligible to be reviewed by DMHSAS for such purposes. On or after July 1, 1999, any organization seeking to be a provider of Medicaid out-patient behavioral health services, not having a valid provider agreement, as an OHCA out-patient behavioral health provider, or a completed OHCA out-patient behavioral health provider application with DMHSAS, must demonstrate JCAHO, CARF or AOA accreditation. Beginning July 1, 2001 the DMHSAS review, in accordance with the above referenced OHCA/DMHSAS Interagency Agreement, will no longer qualify any organization to be a provider of Medicaid out-patient behavioral health services. As set forth in the current OHCA/DMHSAS Interagency Agreement reviews conducted by DMHSAS will be limited to determinations that applications for initial and/or continued Medicaid out-patient behavioral health provider status meet standards approved by OHCA in accordance with protocol approved by OHCA.

Eligible providers must meet one of the following standards and criteria:

1. Be an incorporated organization governed by a board of directors.

2. Be a state-operated program under the direction of the DMHSAS.

All eligible organizations must meet each of the following:

A. Have a well developed plan for services designed to meet the out-patient behavioral health care needs of the population served..

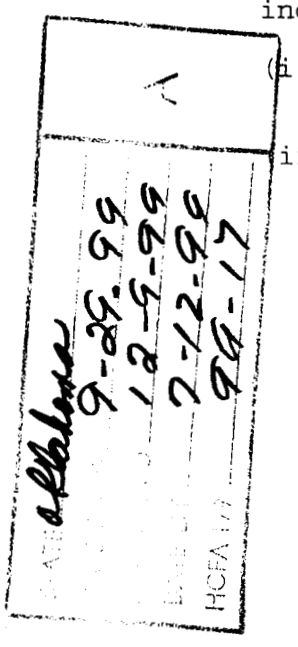
B. Have a multi-disciplinary, professional team. This team must include the following:

(i) An allopathic or osteopathic Physician licensed in the state in which the service is delivered.

(ii) One of the following licensed mental health professionals:

(I) A Psychologist, Clinical Social Worker, Professional Counselor or Marriage and Family Therapist licensed in the state in which the services are delivered. Until July 1, 2001, in lieu of possession of a license, the practitioner may be under active board approved supervision from one of the boards which govern the above professionals, or

(II) An advanced Practice Nurse (certified in a psychiatric mental health specialty, licensed as a registered nurse with a current certification of recognition from the board of nursing in the state in which services are provided or,



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(III) An allopathic or osteopathic physician with a current license and board certification in psychiatry, or board eligible.

(iii) A Behavioral Health Rehabilitation Specialist (BHRS)

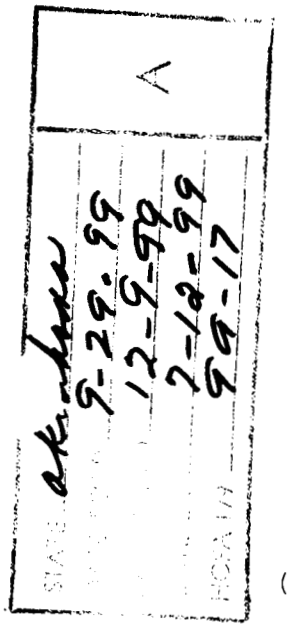
A BHRS is defined as:

(1.) Bachelor or master in a mental health related field including, but not limited to, psychology, social work, occupational therapy, family studies; or

(2.) A current license as a registered nurse in Oklahoma; or

(3.) Certification as an Alcohol and Drug Counselor. Allowed to provide substance abuse rehabilitative treatment to those with alcohol and/or other drug dependencies or addictions as a primary or secondary DSMIV Axis I diagnosis; or

(4.) Current certification as a Behavioral Health Case Manager from DMHSAS and meets OHCA requirements to perform case management services as described in Supplement 1 to Attachment 3.1-A, page 5-5b.



(iv) A registered nurse, with a current license to practice in the state in which the services are delivered.

(C) Demonstrate the ability to provide each of the following: individual, group and family counseling, individual and group rehabilitation services relevant to the population to be served, treatment plan development and review, crisis services and medical review. Sites identified by DMHSAS as exclusively providing Community-based structured emergency care are exempted from this requirement.

(D) Crisis Intervention Services must be available 24 hours a day, seven days a week.

(E) The Provider must be able to provide physician services necessary for the treatment of the behavioral disorders of the population services

(F) Comply with all applicable Federal and State Regulations